									Α	diocal-	1000	ook = t t t	- 1			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2001									Application or Docket Number Application of Docket Number							
		CLAIMS A	S FILED - PART I (Column 1) (Column			ımn 2)		SMALL ENT		/ 1 TY	OR	OTHEF SMALL	•• •			
TOTAL CLAIMS								RATE		FEE	7	RATE		FEE		
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE		370.00 O		BASIC FEE	-7/	10.00		
TOTAL CHARGEABLE CLAIMS			Hi . ininus 20=		*	· ~		X\$ 9=				X\$18=				
INDEPENDENT CLAIMS			minus 3 =		*	*		X42=				X84=				
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR		+280=				
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				L	TOTAL			OR	TOTAL	7	20		
1	× 0	LAIMS AS A	MENDE	MENDED - PART II					<u> </u>		1	OTHER	TH	AN		
(Column 1)			(Column 2) (Column 3			S	MALI	_ EN	TITY	OR	SMALL	ENT	ITY			
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	. f	RATE	TI	ADDI- IONAL FEE <i>i</i>		RATE	TIC	DDI- ONAL		
	Total	. 4	Minus	*2	0	=,	>	X\$ 9=			OR	X\$18=				
	Independent	. 2	Minus	***	3_	=)	X42=			OR	X84=				
4	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM			140=	T		OR	+280=				
							<u>L</u>	TOTA			OB	TOTAL	\dashv			
\bigcap	/	(Column 1)		(Colum	nn 2)	(Column 3)	ADE	OIT. FE	: L		1 /	ADDIT. FEE	1			
AMENDMENT	9-3-3	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVICE PAID	EST BER DUSLY	PRESENT EXTRA	F	RATE	TI	DDI- ONAL FEE		RATE	TIC	DDI- DNAL EE		
	Total	*	Minus	**		=	X	(\$ 9=			OR	X\$18=				
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⋖	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			140-	1			+280=				
+140= TOTAL									-		OR	TOTAL				
T)						ADD	IT. FEE			OR A	ADDIT. FEE				
		(Column 1)	The state of the	(Colum		(Column 3)					F			201		
MEN		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	R	ATE	TIC	DDI- DNAL EEE		RATE	TIC	DDI- DNAL EE		
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<	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT	CLAIM				1		Ī	.200				
	the establishment	nn d la lace when w	o ootou in ooto	ma 2 u sit a	"n" in ~~!•	ıma 3	<u> </u>	40=	_		OR	+280= TOTAL				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL T. FEE	<u> </u>		OR A	DOIT. FEE				
T	he "Highest Num	ber Previously Paid	For (Total or	Independe	nt) is the	highest number	found in	n the ap	propi	riate box	in colu	mn 1.				